

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. **781**

1. PLACE OF BIRTH:

County Pima State ARIZONA
Township _____ or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child DENKINS
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex Female *If plural births* 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Jan. 2, 1909, 193
(Month, day, year)

9. Full name FATHER Frank D. Denkins 18. Full maiden name MOTHER Pearl Robinson

10. Residence (usual place of abode) (If nonresident, give place and State) 19. Residence (usual place of abode) (If nonresident, give place and State)

11. Color or race Amer. 12. Age at last birthday _____ (years) 20. Color or race Amer. 21. Age at last birthday _____ (years)

13. Birthplace (city or place and State or country): 22. Birthplace (city or place and State or country):

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
			193						193

27. Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from _____ supplemental report _____ (Date of) _____

(Signed) _____, M. D.
or _____, Midwife

Address _____

Filed _____, 193 Co. Recorder

942-105 775